

Registration District No. 318 Primary Registration District No.

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Christian Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME John Betz
3. (b) If veteran, name war _____
3. (c) Social Security No. Unknown

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Edith Betz
6. (c) Age of husband or wife if alive 34 years
7. Birth date of deceased September 22 1907
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
39 3 2 hr. _____ min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Confectionery Owner

11. Industry or business _____

MOTHER FATHER { 12. Name Alois Betz
13. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Anna Antrim
15. Birthplace Cairo Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Edith Betz
(b) Address Pacific, Missouri

17. (a) Burial (b) Date thereof 12/28/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery
Albert H. Hoppe

18. (a) Signature of funeral director _____
(b) Address 4700 Washington Blvd.

19. (a) DEC 27 1948 (b) J. B. Pasater
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Franklin
(c) City or town Pacific
(If outside city or town limits, write "RURAL")
(d) Street No. NR. (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December, day 24
year 1948 hour 9 minute 10 P.A.M.

21. I hereby certify that I attended the deceased from 12/11/1948 to 12/24/1948
that I last saw him alive on 12-23-1948
and that death occurred on the date and hour stated above.

Immediate cause of death Obstructive Jaundice Duration _____

Due to Acute Toxemia

Due to Septicemia
Acute Hepatitis Infection

Other conditions Septic Infection
(Include presence within 3 months of death)

Major findings: Acute Hepatitis

Of operations _____
Of autopsy Obstructive Jaundice

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) No

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Mean of injury _____

23. Signature Nicholas J. Tala (M. D. or other) MD
Address 3861 Monroe Ave. Date signed 12/27/48

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed *Gustav W. Dietrich*

Licensed Embalmer No. *4329*

P. O. Address. *St. Louis, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.